

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A. 1590

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Kane

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Inland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } 861 Hollins St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis  
Exhaustion

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, July 22<sup>nd</sup>

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St Address, 1701 Dr. Hill av

F. J. Flannery M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1591

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1591 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Veronika Missler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (15 yrs in America)

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give Street and Number. } St Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Uterus (Epithelioma)  
Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, July 22 1887

Undertaker, Henry Heith

Place of Business, 1023 N. Lombard St Address, Oscar J. Lockery M. D.  
City & Baltimore

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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# Health Department, City of Baltimore.

Permit No. A 1592 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death, July 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chester Pindar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 3 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, 13 alt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 13 alt.

Duration of Residence in the City of Baltimore, 11

Place of Death, { Give Street and Number. } 11 Warren av

Cause of Death, { First (Primary), Second (Immediate), } Premature birth

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Londontown

Date of Burial, July 21/887

Undertaker, Chas. H. Plummer Id W Webster M. D. Medical Attendant.

Place of Business, 915 Light Address, 106 Barnes

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Permit No. 1593 Office of Registrar of Vital Statistics.

Ward 20

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## CERTIFICATE OF DEATH.

Date of Death, July 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lery Samuels

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Retiree

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 930 Plum Ave

Cause of Death, { First (Primary), Second (Immediate), } Bright disease of Kidney

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Gloyd st Synagogue

Date of Burial, July 22 1887

Undertaker, J. D. Soudheim Theodore C. M. D.

Place of Business, 120 N. Greene Address, 578 Maryland

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# Health Department, City of Baltimore.

Permit No.

A 1594 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

July 21st

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Florence Strieder

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

10

Months,

21

Days.

Color,

Light

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

In Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1217 Gough St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Prostration

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 23rd 1887

{ Undertaker,

Peter Frey

{ Place of Business,

91 E. 11th St

Address,

4 N Broadway

Wm T. Cathell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1595

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 21 1887

Full Name of Deceased, Mary E. Turner  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 18 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, 1103 Johnson St  
{ Give Street and Number. }

Cause of Death, Pneumonia  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 23 1887

Undertaker, Bernard Harle

Place of Business, 115 West St.

Address, 378 W. Madison St. Medical Attendant, Wm. D. [Signature]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



No. 1596

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# Health Department, City of Baltimore.

Permit No. 1596 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 21<sup>st</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hartford Western.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, 3 Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 809 Peach Alley

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Son

Date of Burial, July 22 1887

Undertaker, Hercules Ross

Place of Business, 404 Conway St. Address, 841 N. E. St.

Medical Attendant.

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[OVER.]



No. 1597

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# Health Department, City of Baltimore.

Permit No. 1597 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 18 - 1887

Full Name of Deceased, Robert M. Brown

Sex, Male or Female, Male

Age, 45 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, Unknown

Occupation, Laborer

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Wm. St. of Gay St.

Place of Death, Give Street and Number, Valvular dis. of heart

Cause of Death, First (Primary), Second (Immediate), Instant death

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 22 1887

Undertaker, Geo. E. Brown, Alex. Hill, M. D.

Place of Business, Health Dept. Address, Cordover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 1598

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 1598 Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Browley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Northumberland Co. Va.

Duration of Residence in the City of Baltimore, 6 days.

Place of Death, { Give Street and Number. } 903 Peach Alley.

Cause of Death, { First (Primary), Second (Immediate), } Was over come by heat on Saturday - Congestion of Brain - Shock.

Duration of Last Sickness, 3 days.  
All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 22<sup>nd</sup> 1887

Undertaker, Geo. E. Brown

J. J. Flannery  
Coroner

M. D.

Medical Attendant.

Place of Business, Health Office

Address, 1701 St. Hill av.

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[OVER.]



No. 1599

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1599 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 21 - 1887

Full Name of Deceased, George Luntz { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12 Years, — Months, — Days.

Color, Wht.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, none

Birth Place, City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1111 Thompson St. { Give Street and Number. }

Cause of Death, Incised wound in back entering chest bet. 9 & 10 ribs & cutting lung  
{ First (Primary), Second (Immediate), } Int. hemorrhage

Duration of Last Sickness, 55 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13 1887

{ Undertaker, Ch. Weber } Alexander Hill M. D. Medical Attendant.

{ Place of Business, 818. Geymourt Ave } Address, 223 N. Calvert

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[OVER.]